

**TRAVEL EXPENSE CLAIM**

STD. 262 (REV. 9/2007)

See Instructions and \*Privacy  
Statement On Reverse Side

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CLAIMANT'S NAME <b>Joan M. Borucki</b>			SSN or EMPLOYEE NUMBER*			DEPARTMENT <b>California State Lottery</b>		
POSITION <b>Director</b>		CB/ID No. <b>E99</b>	DIVISION or BUREAU <b>Executive</b>				INDEX NUMBER <b>1100</b>	
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS <b>600 North 10th Street</b>				TELEPHONE NUMBER <b>(916) 323-0403</b>	
CITY	STATE	ZIP CODE	CITY <b>Sacramento</b>			STATE <b>CA</b>	ZIP CODE <b>95811</b>	

(1) NORMAL WORK HOURS

**0800-1700**

(2) PRIVATE VEHICLE LICENSE NUMBER

(3) MILEAGE RATE CLAIMED

**0.550**

(4) MONTH/YEAR <b>011/09</b>		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION					(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
DATE	TIME			BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES	AMOUNT		
11/05	0830	Sacramento - San Francisco									87.80	48.29		48.29
11/05	1530	San Francisco - Sacramento									87.80	48.29		48.29
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
(13) SUBTOTALS			0.00	0.00	0.00	0.00	0.00	0.00		0.00	175.60	96.58	0.00	96.58
COLUMN CODE (ACCTG. USE ONLY)														

**CLAIM TOTAL****\$96.58**

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

Retailer of the Year

AGENCY ACCOUNTING OFFICE  
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

DATE

**TRAVEL EXPENSE CLAIM**

STD. 262 (REV. 9/2007)

See Instructions and \*Privacy  
Statement On Reverse Side

Page \_\_\_\_\_ of \_\_\_\_\_ Pages

CLAIMANT'S NAME <b>Joan M. Borucki</b>		SSN or EMPLOYEE NUMBER*		DEPARTMENT <b>California State Lottery</b>	
POSITION <b>Director</b>	CB/D No. <b>E99</b>	DIVISION or BUREAU <b>Executive</b>		INDEX NUMBER <b>1100</b>	
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS <b>600 North 10th Street</b>		TELEPHONE NUMBER <b>(916) 323-0403</b>	
CITY	STATE	ZIP CODE	CITY <b>Sacramento</b>	STATE <b>CA</b>	ZIP CODE <b>95811</b>

(1) NORMAL WORK HOURS

**0800-1700**

(2) PRIVATE VEHICLE LICENSE NUMBER

(3) MILEAGE RATE CLAIMED

**0.550**

(4) MONTH/YEAR <b>11/09</b>		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION					(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
(5) DATE	TIME			BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES	AMOUNT		
11/08	1330	Sacramento - Ontario - Walnut, CA	93.92			18.00					29.00	15.95		127.87
11/09	1730	Walnut - Ontario - Sacramento		6.00	10.00		6.00	9.07	rc	15.00	29.00	15.95		62.02
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
(13) SUBTOTALS			93.92	6.00	10.00	18.00	6.00	9.07		15.00	58.00	31.90	0.00	189.89
COLUMN CODE (ACCTG. USE ONLY)														

**CLAIM TOTAL****\$189.89**

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

Meeting w/ Senator Bob Huff in his Southern California District Office

AGENCY ACCOUNTING OFFICE  
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

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CLAIMANT'S SIGNATURE

DATE

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See item 17 on reverse)

DATE

CLAIMANT'S NAME Joan M. Borucki			SSN or EMPLOYEE NUMBER*			DEPARTMENT California State Lottery		
POSITION Director		CB/ID No.	DIVISION or BUREAU Executive				INDEX NUMBER 1100	
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS 600 North 10th Street				TELEPHONE NUMBER (916) 323-0403	
CITY	STATE	ZIP CODE	CITY Sacramento		STATE CA	ZIP CODE 95811		

(1) NORMAL WORK HOURS 0800-1700	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED 0.550
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(4) MONTH/YEAR		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION					(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
(5) DATE TIME				BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES	AMOUNT		
11/17	0900	Sacramento - Las Vegas			10.00	18.00					10.50	5.78		33.78
11/18				6.00	10.00	18.00	6.00			5.00		0.00		45.00
11/19				6.00	10.00	18.00	6.00					0.00		40.00
11/20	1900	Las Vegas - Sacramento		6.00	10.00	18.00	6.00			36.00	29.00	15.95		91.95
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
(13) SUBTOTALS			0.00	18.00	40.00	72.00	18.00	0.00		41.00	39.50	21.73	0.00	210.73
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL

\$210.73

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

Attended Global Gaming Expo G2E Conference

AGENCY ACCOUNTING OFFICE  
 USE ONLY

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CLAIMANT'S SIGNATURE 	DATE	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT 	DATE
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(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)	DATE
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